CS/SB 106 — Exploitation of Vulnerable Adults

by Rules Committee and Senator Martin

The bill creates a process to obtain substitute service on an unascertainable respondent in and action for an injunction to protect a vulnerable adult from exploitation. The injunction may be used to stop a proposed or initiated transfer of funds or property from a vulnerable adult to an unascertainable person.

To effectuate this substitute service, a petitioner must file a detailed affidavit with a court which shows:

- Why the petitioner believes the respondent is an unascertainable respondent and how he or she and the vulnerable adult have been in contact;
- All identifying information known to the petitioner or vulnerable adult about the unascertainable respondent;
- The facts that have lead the petitioner to believe that a proposed or initiated transfer of funds or property from a vulnerable adult to the unascertainable person is in response to a fraudulent request; and
- A petitioner's attempts to identify the unascertainable respondent. •

When the petitioner files the sworn affidavit, the court must enter an order requiring the petitioner to serve the unascertainable respondent using the same means of communication that the unascertainable person used to communicate with the vulnerable adult within 2 business days after the issuance of the temporary injunction or setting of a final hearing. The petitioner must file proof that he or she has attempted to serve the unascertainable respondent.

Issuance of a written final order of injunction suspends any proposed or initiated transfer of funds or property from the vulnerable adult to the unascertainable person for 30 days. When the period expires, the funds or property will be distributed in accordance with a written court order.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. Vote: Senate 37-0; House 115-0

CS/CS/HB 531 — Public Education of Background Screening Requirements

by Health Care Budget Subcommittee; Human Services Subcommittee; and Reps. Hunschofsky, Trabulsy and others (CS/SB 614 by Children, Families, and Elder Affairs Committee and Senator Polsky)

The bill requires the Agency for Health Care Administration (AHCA), in consultation with all specified agencies, to develop and maintain a user-friendly, public-facing webpage to serve as a centralized hub for education and awareness of the Care Provider Background Screening Clearinghouse and state background screening processes and standards. The webpage must maintain up to date information and explain the background screening process through the clearinghouse, Level 2 screening requirements, fingerprinting procedures, and include a searchable job catalog, disqualifying offenses, exemption steps, and a downloadable checklist with timelines and details of the process.

Additionally, the bill requires all specified agencies to prominently link to this resource from their websites and require the inclusion of the link in all job postings by qualified entities. The webpage must be active by January 1, 2026 and must be updated annually by October 1.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. *Vote: Senate 36-0; House 107-0*

CS/CS/HB 633 — Behavioral Health Managing Entities

by Health Care Budget Subcommittee; Human Services Subcommittee; and Rep. Koster and others (CS/SB 1354 by Children, Families, and Elder Affairs and Senator Trumbull)

The bill requires the Department of Children and Families (DCF) to contract for biennial operational and financial audits of the behavioral health managing entities (ME) that are charged with coordinating the state's safety net program for mental health and substance use disorder services. The audits must include business practices, financial records, services administered, payment methods, referral patterns, network adequacy information, and expenditures and claims to include potential Medicaid service duplication. A final report must be submitted to the Governor and Legislature by December 1, 2025.

The bill establishes performance standards and metrics that must be submitted monthly to the DCF in a standardized electronic format. This requires the MEs to report specific data related to:

- Service accessibility;
- Community behavioral health outcomes;
- Diversion from acute care;
- Integration with child welfare services;
- High-utilizer rates;
- Post-hospitalization outpatient care;
- Appointment wait times; and
- Emergency room visits for behavioral health issues.

The bill also requires the DCF to post the ME performance information to its website by the 22nd of every month. These posted measures must reflect ME performance for the previous calendar month, year-to-date totals, and annual trends.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025.

Vote: Senate 38-0; House 113-0

CS/SB 738 — Child Care and Early Learning Providers

by Children, Families, and Elder Affairs Committee and Senator Burton

The bill revises and modernizes several requirements related to child care facility licensure, personnel training, facility inspections, and licensure violation enforcement. The bill:

- Allows the Department of Children and Families (DCF) to create three classification levels for violations relating to the health and safety of a child and requires a class three violation to be the least serious and must be the same incident at least three times within two years.
- Updates abbreviated inspection standards to include these new classification levels, requires at least two years of consecutive licensure, and requires two full onsite renewal inspections in the most recent two years with no current uncorrected violations or open complaints.
- Requires the DCF to provide criminal history record check results to child care facilities • within three business days of receipt.
- Removes the requirement for child care facilities to provide parents with pagers or beepers during drop-in child care; to provide parents with information regarding the influenza virus and the dangers of a distracted adult leaving a child in a vehicle; and to develop a program to assist in preventing and avoiding physical and mental abuse.
- Revises introductory training for child care personnel and requires in-person training for at least one staff person trained in cardiopulmonary resuscitation.
- Requires the DCF to provide minimum required training coursework online.
- Removes the requirement for the DCF to develop standards for specialized child care facilities for the care of mildly ill children.
- Requires the DCF to issue current or prospective child care personnel a 45-day provisional-hire status upon delayed background screening, provided direct supervision of that person by a fully screened and trained staff member when in contact with children.
- Requires a county commission that elects to license their own child care facilities to annually affirm this decision through a majority vote to designate a local licensing agency.
- Exempts child care facilities and family day care homes certified by the U.S. Department of Defense or the U.S. Coast Guard from licensure in certain instances.

The bill also exempts preschools from special assessments levied by municipalities. Further, the bill provides an exemption from licensing, except for the screening of personnel, for a child care facility that solely provides child care to certain eligible children.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. Vote: Senate 37-0: House 114-0

CS/HB 901 — Court-appointed Psychologists

By Judiciary Committee and Rep. Borrero and others (CS/SB 976 by Children, Families, and Elder Affairs and Senator Bernard)

The bill clarifies the process which a parent seeking to disqualify a court-appointed psychologist must follow and provides that an administrative complaint against a court-appointed psychologist may not be filed until the complainant has moved to disqualify the psychologist.

The bill further clarifies that the claimant is responsible for all reasonable attorney fees in any supplemental legal actions against the court-appointed psychologist in his or her capacity as a court appointee, if held not liable, and does not apply to the underlying legal action.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. *Vote: Senate 37-0; House 112-4*

CS/CS/HB 969 — Reporting of Student Mental Health Outcomes

by Human Services Subcommittee; Education Administration Subcommittee; and Rep. Cassel and others (CS/SB 1310 by Children, Families, and Elder Affairs and Senator Bradley)

The bill requires the Office of Program Policy Analysis and Government Accountability (OPPAGA), in consultation with the Department of Children and Families (DCF), the Department of Education (DOE), the Louis de la Parte Florida Mental Health Institute (Institute), and other relevant stakeholders to evaluate school district student mental health services and supports and compliance with statutory requirements.

The bill requires the DOE, school district threat management coordinators, and mental health coordinators to provide specified information to the OPPAGA for reporting and evaluation purposes.

The bill requires the DCF and the Institute to coordinate with the OPPAGA and provide requested information related to the performance of the coordinated behavioral health system of care pursuant to Ch. 394, F.S.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect upon becoming law. *Vote: Senate 37-0; House 106-1*

CS/CS/HB 1091 — Substance Abuse and Mental Health Care

by Health & Human Services Committee; Human Services Subcommittee; and Rep. Gonzalez Pittman and others (CS/CS/CS/SB 1240 by Rules Committee; Appropriations Committee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senator Calatayud)

The bill integrates the 988 Suicide and Crisis Lifeline Call Center into the state mental health crisis response network and requires the Department of Children and Families (DCF) to authorize, regulate, and oversee Florida's 988 Lifeline program.

The bill removes the "needs assessment" requirement for licensure of medication-assisted treatment programs for opioid addiction.

The bill establishes enhanced training standards for mental health professionals conducting forensic evaluations, emphasizing competency restoration, evidence-based practices, and placement alternatives to ensure consistent and effective forensic evaluations. The bill requires court-appointed mental health experts performing forensic evaluations to complete DCFapproved forensic training and ongoing education.

The bill clarifies the duties of designated receiving facilities for patients transferred under involuntary examination. If a physician determines the patient still poses a threat, the facility is not required to release them, even if the transfer was delayed or notification was late.

The bill also makes several conforming and technical changes to involuntary outpatient services under the Baker Act to clarify and align statute with multiple changes over the previous two sessions.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. Vote: Senate 37-0; House 112-0

SB 1286 — Harming or Neglecting Children

by Senators Grall and Sharief

The bill amends the definition of harm and neglect of a child in both dependency and criminal law to allow caregivers to let a sufficiently mature child partake in independent, unsupervised activities without considering these actions as harm or neglect of a child.

For dependency law, the bill considers independent, unsupervised activities as harm only if the child is subjected to obvious danger of which the caregiver knew or should have known, or the child cannot exercise the reasonable judgment required to avoid serious harm upon responding to physical or emotional crises.

The bill considers independent, unsupervised activities as neglect only if such activities constitute reckless conduct that endangers the health or safety of the child.

For criminal law, the bill amends the definition of neglect of a child to add a willful standard in a caregiver's failure or omission to provide a child with the necessary services to maintain the child's physical and mental health and excludes independent, unsupervised activities that a child engages in from the definition of criminal neglect of a child, unless the activities constitute a willful and wanton conduct that endangers the health or safety of the child.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. *Vote: Senate 36-0; House 116-0*

CS/HB 1567 — Insulin Administration by Direct Support Professionals and Relatives

by Human Services Subcommittee and Rep. Tuck and others (CS/CS/SB 1736 by Appropriations Committee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senators Grall, Sharief, and Bradley)

The bill creates a new section of law to allow a direct-support professional or the relative of an individual in an Agency for Persons with Disabilities licensed group home facility to administer insulin to a client with a developmental disability. The bill provides that the administration of insulin includes sliding scale insulin therapy, to include the calculation of an insulin dose based on current blood glucose and the administration of that calculated dose subcutaneously using an insulin pen containing premeasured doses or a syringe filled with the calculated dose drawn from a vial of insulin.

The bill defines the term "direct-support professional" to mean an individual paid to provide services directly to a client with developmental disabilities that receives home and communitybased services.

The bill allows direct-support professionals or relatives to administer insulin to individuals if the group home facility provides training and adopts policies and procedures governing the administration of insulin by direct-support professionals or relatives.

The bill further provides immunity from civil liability to group home facilities that are compliant with the requirements for the administration of insulin. The bill provides civil and criminal immunity to direct-support professionals or relatives for the administration of insulin in group home facilities, so long as the direct-support professional or relative were compliant with the requirements of administration.

The bill also adds subcutaneous administration of insulin and epinephrine by self-administration devices to existing medication administration law that allows an unlicensed direct service provider to administer or supervise the self-administration of certain medications.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. Vote: Senate 38-0; House 111-0

CS/CS/SB 1620 — Mental Health and Substance Use Disorders

by Fiscal Policy Committee; Children, Families, and Elder Affairs Committee; and Senator Rouson

The bill strengthens Florida's Mental Health Act by codifying recommendations made by Florida's Commission on Mental Health and Substance Use Disorder. The bill makes the following specific changes to Florida's Mental Health Act:

- Defines person-first language to mean language used in a professional medical setting must emphasize the patient as a person rather than his or her disability or illness and requires use and promotion of person-first language as the standard in professional behavioral health settings.
- Requires the continued promotion of best practices in crisis intervention and traumainformed care.
- Requires that individualized treatment plans be updated every 30 days that the patient is in a receiving or treatment facility, with those patients in a facility longer than 24 months having plans updated every 60 days.
- Requires the use and statewide integration of the Daily Living Activities-20 (DLA-20) functional assessment tool.
- Requires the Department of Children and Families (DCF), in consultation with the Department of Education (DOE), to conduct a biennial review of school-based behavioral health services and behavioral health telehealth access.
- Requires the DCF to conduct biennial reviews and the Agency for Health Care Administration (AHCA) to prioritize licensing for short-term residential treatment facilities in underserved counties and high-need areas.

The bill also clarifies the role of the Florida Center for Behavioral Health Workforce at the University of South Florida's Louis de la Parte Florida Mental Health Institute to allow the center to request depersonalized information held by the Boards of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling to better research and develop strategies for behavioral health workforce enhancement.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. *Vote: Senate 34-3; House 116-0*

CS/SB 7012 — Child Welfare

by Fiscal Policy Committee and Children, Families, and Elder Affairs Committee

The bill creates additional requirements for the collection and maintenance of data on the commercial sexual exploitation of children (CSEC) and requires a study of residential bed capacity and a gap analysis of non-residential services for victims of CSEC.

The bill allows the Department of Children and Families (DCF) to waive operational requirements and issue provisional certificates to new domestic violence centers if there is an emergency need for such a center and the domestic violence center fulfills other eligibility requirements.

The bill allows the DCF to grant limited exemptions to disqualification from background screenings due to certain disqualifying offenses, and limits individuals who receive the exemption to working with specific populations.

The bill requires the DCF to create a Child Protective Investigator (CPI) and case manager recruitment program for individuals who have previously held public safety and service positions and have a continued desire to serve their communities. The bill also requires the DCF to collaborate with community-based care (CBC) lead agencies to create a referral system for case manager applicants. The bill also requires the DCF to convene a case management workforce workgroup composed of child welfare professionals to address current policy gaps and develop actionable recommendations to improve case management.

The bill requires the DCF to create a pilot program for treatment foster care, or a substantially similar evidence-based program of professional foster care. This pilot program is intended to introduce a short-term, family-like placement option for children in foster care that have high resource indicators or children that are stepping down from a placement in an inpatient residential treatment. The bill requires specialized training requirements for foster parents and a 24 hour service to provide crisis intervention and placement stabilization services if needed.

The bill removes a recently added requirement for CBCs to post a fidelity bond to cover potential costs and penalties associated with board members' failures to disclose conflicts of interest. The bill also limits the liability of lead agency subcontractors for the acts or omissions of lead agencies or the DCF for contracts entered into or renewed after July 1, 2025.

The bill adds an exemption from state gift laws for incentives provided to state employees participating in child welfare research and evaluation projects performed by the Florida Institute for Child Welfare.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025, except as otherwise expressly provided in the bill. *Vote: Senate 37-0; House 98-0*